

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Ottawa District**

347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Public Report

**Report Issue Date:** June 13, 2025

**Inspection Number:** 2025-1358-0004

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** The Governing Council of the Salvation Army in Canada

**Long Term Care Home and City:** The Salvation Army Ottawa Grace Manor,  
Ottawa

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 11-13, 2025

The following intake(s) were inspected:

- Intake: #00145189 - Follow-up #: 2 - Compliance Order #001 from inspection 2025-1358-0001 FLTCA, 2021 - s. 82 (2) 8. related to staff training for emergency plans.
- Intake: #00146528 - 2873-000017-25 - Resident-to-resident sexual abuse.
- Intake: #00149113 - IL-0141054-OT - Complaint regarding alleged staff-to-resident verbal abuse.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1358-0001 related to FLTCA, 2021, s. 82 (2) 8.

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for training related to emergency and evacuation procedures, specifically for the home's heat loss emergency plan.

The following **Inspection Protocols** were used during this inspection:

- Medication Management
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty to protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that the residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Three direct care staff members expressed concerns related to allegations of verbal and physical abuses of residents by a staff member and did not take immediate action to protect the residents involved in alleged incidents. The staff concerns were related to verbal and physical interactions of the staff member with certain residents, more specifically when administering medications and general interactions.

Sources: Interviews with direct care staff and observation of camera footage on a

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specific date.

## **WRITTEN NOTIFICATION: Policy to promote zero tolerance**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

The licensee's "Zero Tolerance of Abuse and Neglect policy (A11), revision January 2025" requires staff to "Report any witnessed, suspected or alleged abuse to a supervisor/manager, Executive Director or Board Chair, immediately".

Three direct care staff members, who expressed concerns related to potential allegations of verbal and physical abuse of residents by another staff member, did not report these allegations to management as per policy requirement.

Sources: Interviews with direct care staff and the Zero Tolerance of Abuse and Neglect policy.

## **WRITTEN NOTIFICATION: Contents**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 25 (2) (d)**

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Policy to promote zero tolerance

s. 25 (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(d) shall contain an explanation of the duty under section 28 to make mandatory reports;

The licensee has failed to ensure that the "Zero Tolerance of Abuse and Neglect Policy (A11)" contains an explanation of the duty under the Fixing Long-Term Care Act (2021) section 28 to make mandatory reports.

Upon review, it was determined that the home's "Zero Tolerance of Abuse and Neglect Policy (A11), revision January 2025" , did not contain an explanation of the duty under section 28 to make mandatory reports under the Fixing Long-Term Care Act (2021) but included mandatory reporting under the Long-Term Care Homes Act (2007).

Sources: Policy on Zero Tolerance of Abuse and Neglect Policy and interviews with Director Of Care (DOC)(Act) and Assistant Director of Care(ADOC)(Act)

## **WRITTEN NOTIFICATION: Reporting certain matters to the Director**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

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The licensee has failed to ensure that an incident of resident-to-resident sexual abuse was reported to the Director immediately.

Specifically, an incident of resident-to-resident sexual abuse on a specified date was not reported to the Director until the day after the incident.

Sources: Critical Incident 2873-000017-25; a resident's electronic chart; Interview with the DOC(Act).

**NOTICE OF RE-INSPECTION FEE** Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Intake: #00145189 - Follow-up #: 2 - FLTCA, 2021 - s. 82 (2) 8.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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